

Characteristics and Indications to Treatment of Parasagittal Meningiomas

1. Davron Ravshanov

Received 2nd Aug 2023,
Accepted 19th Aug 2023,
Online 6th Sep 2023

¹ Assistant Researcher in Neurosurgery
Dept Samarkand State Medical University

Abstract: Chief of the brain soft and arachnoid al membranes from the cells come coming out tumors are meningiomas. Parasagittal meningiomas intracranial tumors - second in prevalence after gliomas, and it is considered one of the urgent problems that should be studied in neurosurgery. This in the article of meningiomas localization and volume about statistics data given.

Key words: tumors, parasagittal, meningiomas localization.

Brain tumors throughout the world, including the territory of the Republic of Uzbekistan of tumors to meet the number and the weight is increasing. The brain from tumors death rate _ resulting in high population health and mortality rates and patients with oncological diseases each out of six approx one corresponds to brain tumors. The world recognized of the authors to his opinion According to , brain tumors account for 0.8 to 1.6% of all tumors has been forms part [1, 2] .

Meningioma originates from the cells of the soft and arachnoid membranes of the brain and is distinguished by its relatively rapid growth and development as a good- quality tumor found in the place where arachnoid cells accumulate . [3]. The growth of such tumors from arachnoid cells was the reason why LI Smirnov called them arachnoendotheliomas. Meningiomas brain takes an important place in the composition of tumors and occurs in 17-35% of cases among the adult population . Parasagittal men's tumors have a high percentage of 20-40.0 % among these tumors [4]

The purpose of the research. Analyzing data on the distribution, weight, location and characteristics of parasagittal meningiomas of the cerebral hemispheres in the southern and partially central regions of the Republic of Uzbekistan .

Materials and methods of research. SamSMU During the study of 73 patients treated in the neurosurgery department of the multidisciplinary clinic , we analyzed the following results: So, the age of the patients ranges from 20 to 72 years . The average age of patients is 49.86 years. From these patients 26 (35.6%) are men and 47 (64.4%) are women . Histological analyzes of tumors were obtained from all patients diagnosed with brain meningioma from operated patients . Tumors _ size, localization and perifocal tumor to determine the presence of brain tracts MS CT, MR T and MR tractography will be performed . Assessment of the neurological condition of hospitalized patients is one of the important parts of the research, and it is considered one of the main factors in assessing the general condition and health of patients . In such patients, mainly meningeal signs and mental

dysfunctions, focal symptoms were noted. Data were statistically processed using a statistical analysis software package on a Pentium-4 computer.

The next important aspect of the study is to study the localization of the tumor, its size and the presence of perifocal tumor. Brain meningioma is a benign tumor characterized by slow growth and few clinical symptoms. Often, the tumor is distinguished by an incidental finding on an MRI or CT scan of the brain. Its symptoms can be divided into general symptoms caused by increased intracranial pressure and local symptoms that appear when the tumor compresses various anatomical structures of the brain. Parasagittal meningiomas located in the projection of different areas of the brain, depending on their size, create pressure in the corresponding centers, which causes pressure, emotional and mental changes. Studying the localization and size of parasagittal meningiomas helps to predict the clinical picture and choose the appropriate treatment tactics.

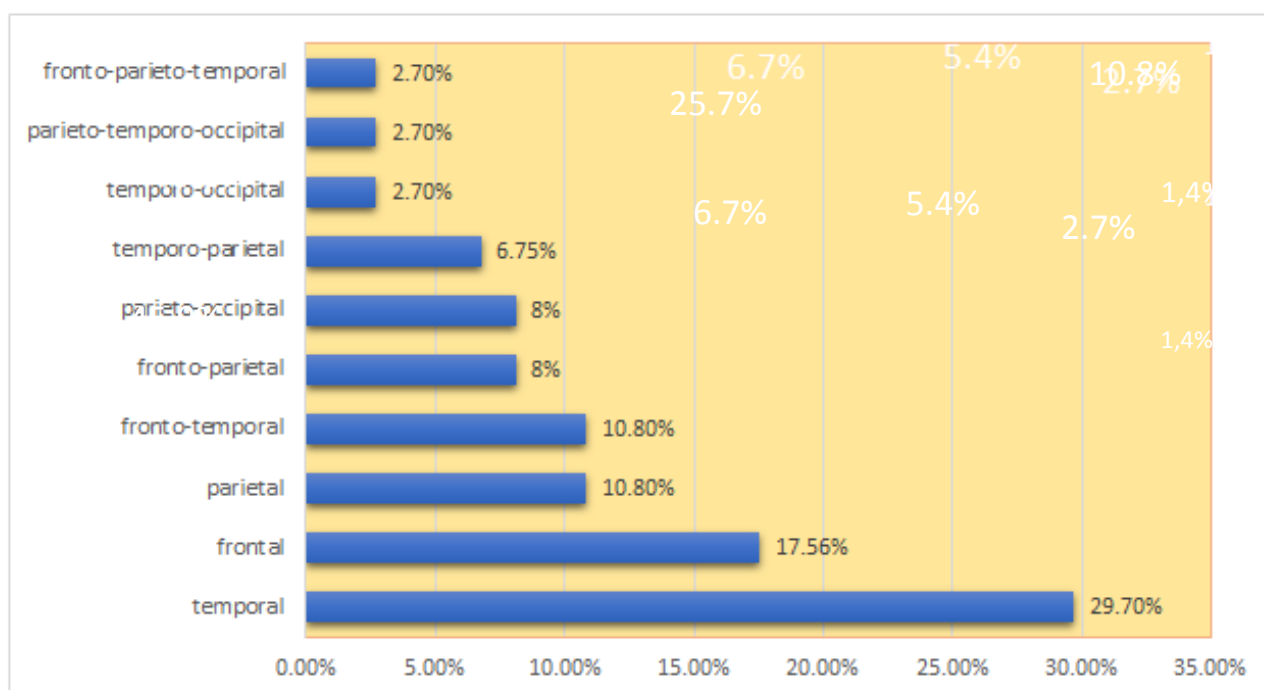


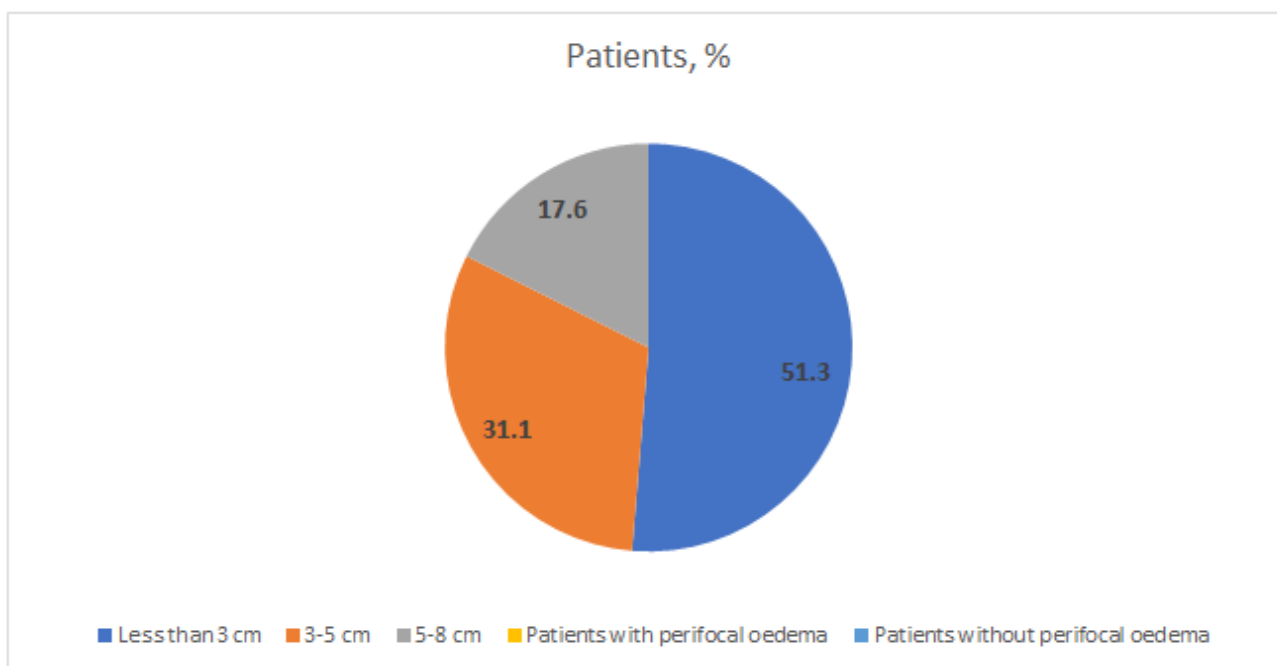
Figure 2 . Parasagittal meningiomas a pointer to this location

This graph shows our rendezvous index by location for patients with a diagnosis of parasagittal meningioma. According to the statistics, the temporal location is one of the highest indicators, reaching 29.7%, followed by frontal, parietal and fronto-temporal types as the second and third types, with 17.56% and 10.80%.

Note: of patients common number of 74 people organize did _ The result data CT, MRI conclusions based on

The brain in patients with tumors the presence of perifocal edema quality of life of patients, living level contribution adds and neurological of symptoms development significant effect shows [16]. Above from the table apparently _ as the diagram _ internal 3 section different size parasagittal meningioma of patients indicators they are _ among 51.3% in tumors size 3 cm from less, approx the rest at half of the tumor dimensions 3-5 cm and 5-8 cm and suitable 31.3% and 17.6 % respectively.

Form 3 . Patients of tumors size and perifocal swelling to existence looking percentages distribution .



Summary:

1. Foreign scientists to his opinion than, typical of meningiomas dominant forms transition period (mixed) (39.8%) and meningotheelial made up of subtypes (17.3%) . Ours in our study while fiber (45.9%) and Psammomatous (25.7%) types of meningiomas are the most many p you can see the spread.
2. Of the brain different fields in the projection is located p arasagittal meningiomas, their to the size of according to _ in the centers produce thrust and compression it does _ and mood disorders and flu symptoms cause releases _ Parasagittal meningiomas localization and size study _ clinical the situation prophecy to do and belongs to treatment tactics to choose help gives _
3. Brain tumors perifocal swelling to the postoperative patient survival index and neurological of symptoms development significant effect shows. Perifocal swelling determined of patients from three one part his effect reduce for addition measures is in need.

References:

1. Ravshanov D.M. Some Features of the Clinical Course of Parasagittal Meningiomas of the Brain, Asian Journal of Case Reports in Medicine and Health, P. 19-23
2. Ravshanov, D.M. "Frequency and Peculiarities of Localisation of Parasagittal Meningiomas of the Cerebral Hemispheres." International Journal of Health Sciences, no. II, 26 Apr. 2022, P. 6035-6041, doi: 10.53730/ijhs.v6nS2.6566 3.
3. Davron M.R. Optimization of the Results of Surgical Treatment of Parasagittal Meningiomas of the Brain. TJMS 2022. 10. P. 48-51.
4. Bakhritdinov B.R, Aliev M.A, & Mardieva G.M. (2022). MULTIVOXEL MAGNETIC RESONANCE SPECTROSCOPY IN THE DIAGNOSIS OF BRAIN TUMORS. World Bulletin of Public Health, 8, 149-156.

5. Aliev M.A., Mamadaliev A.M., Mamadalieva S.A. The effectiveness of endolumbal insufflation of ozone and pyracetam in the treatment of posttraumatic cerebral arachnoiditis // MNIJ. 2015. №10-4 (41)
6. V.A. Bavalsev 1, 2, 3, 4, V.A. Sorokovikov 2, 4, I.A. Stepanov, S.L. Antipina. Gistologicheskaya I Immunogistoximicheskaya Xarakteristika Meningiom Golovnogo Mozga // Byulleten Vsns So Ramn, 2016, Tom 1, №4 (110). S. 187-193.
7. Wellenreuther R, Kraus JA, Lenartz D, Menon AG, Schramm J, Louis DN, Ramesh V, Gusella JF, Wiestler OD, von Deimling A (1996). Neyrofibromatoz 2 genini tahlil qilish menenjiomaning molekulyar variantlarini ochib beradi. Am J Pathol, 146, 827-832.
8. Backer-Grondahl T, Moen BH, Torp SH. Inson meningiomalarining gistologik spektri. Int J Clin Exp Pathol. 2012;5:231-242.
9. Lamszus K. meningioma patologiyasi, genetika va biologiya. J Nevropatol Exp Neyrol. 2004;63:275-286.
10. Perri A, Lui DN, Scheithauer BV, Budka H, fon Deymling A. 2007 yil JSST Markaziy asab tizimining o'smalarining tasnifi. In: Louis DN, Ohgaki H, Viestler OD, Cavenee VK, Burger kompyuter, Jouvet A, Scheithauer BV, Kleihues P, muharrirlar. Acta Nevropatol. 2007. 97-109 betlar.
11. CBTRUS Tjbtrotu. 2004-2007 yillarda Qo'shma SHtatlarda tashxis qo'yilgan asosiy miya va Markaziy asab tizimining o'smalari. 2011
12. Brotchi J. biz parasagittal meningiomas yilda superior sagittal sinus payvandlash payidan kerak 2013? Jahon Neurosurg. 2014;82:325-6.
13. Cushing H, Eyzenxardt L. Springfield, IL: CHarlz C. Tomas; 1938. Meningiomalar: ularning tasnifi, mintaqaviy xulq-atvori, hayot tarixi va jarrohlik yakuniy natijalari.
14. Hoessly GF, tekshirilayotgan parasagittal menenjiom 280 hollarda haqida Olivecrona H. hisobot. J Nevrozurg. 1955;12:614-26.
15. Mantovani o, Di Moio S, Ferreira MJ, Sekhar LN. Asosiy dural venoz sinuslarni bosib olgan menenjiomalarni boshqarish: operativ texnika, natijalar va yuqori darajadagi o'smalar uchun potentsial foyda. Jahon Neurosurg. 2014;82:455-67.